

Camp Hope Needs Assessment Survey

Empire Health, Revive, Compassionate Addiction Treatment, Jewels Helping Hands, and Spokane Low Income Housing Consortium are working together to gather information to better assess your overall needs and housing goals. Please fill out the following information so we can support you in finding your best pathway to housing.

1. Date: ____ / ____ / ____
2. Date of birth: ____ / ____ / ____
3. Name: _____
4. Provider One # : _____
5. Race:
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black
- ☐ Pacific Islander
- ☐ White
6. Ethnicity:
- ☐ Hispanic/Latin(a)(o)(x)
- ☐ Non-Hispanic/Latin(a)(o)(x)
7. Gender:
- ☐ Male
- ☐ Female
- ☐ Transgender Female
- ☐ Transgender Male
- ☐ Other
8. Disabling Condition: ☐ Yes ☐ No
9. Exiting Camp Hope:

10. Please check the box for any services/resources you need:

Bus Pass	<input type="checkbox"/>	First Aid/Wound Care	<input type="checkbox"/>	Job Training/Employment Searching	<input type="checkbox"/>
Cash Assistance (ABD, etc.)	<input type="checkbox"/>	Food Bank	<input type="checkbox"/>	Medications	<input type="checkbox"/>
Cell Phone	<input type="checkbox"/>	Food Stamps	<input type="checkbox"/>	Mental Health Counseling	<input type="checkbox"/>
Clothing	<input type="checkbox"/>	GED	<input type="checkbox"/>	Methadone/Suboxone	<input type="checkbox"/>
Crisis Stabilization	<input type="checkbox"/>	Health Insurance	<input type="checkbox"/>	Pet/Animal Care	<input type="checkbox"/>
Detox	<input type="checkbox"/>	ID - help getting	<input type="checkbox"/>	Social security card-help getting	<input type="checkbox"/>
Disability Income (SS/DI)	<input type="checkbox"/>	Hygiene Products	<input type="checkbox"/>	Substance Use Treatment	<input type="checkbox"/>
Doctor	<input type="checkbox"/>	Laundry Services	<input type="checkbox"/>	Transportation	<input type="checkbox"/>

11. Do you have a vehicle, RV, or Camper?

Plate number, make, model: _____

12. How long have you been homeless?	<input type="radio"/> Less than a month <input type="radio"/> A year or more (consecutive) <input type="radio"/> Less than a year <input type="radio"/> 4 times in 3 years, where total time homeless is more than a year
13. The last time you were housed, what town was that in?	
14. Do you have family in another town you are trying to connect with? Need funds to return home?	
15. Do you need housing for more than yourself?	Family Member name and age:
16. Have you signed up for any housing wait lists?	<input type="checkbox"/> Low-income housing Other: _____ <input type="checkbox"/> Permanent supportive housing Other: _____
17. Would you consider going to a shelter or transitional housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No Transitional _____ Permanent _____
18. Have you signed up for Benefits?	<input type="checkbox"/> ABD Other: _____ <input type="checkbox"/> HEN Other: _____ <input type="checkbox"/> Food Stamps Other: _____
19. Would you prefer to live in a residential or assisted-living facility where medical staff is on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please circle yes or no for the following questions. If you answer yes, please tell us more.

Question	Yes	No	If yes, explain
21. Are you currently working with a case manager or service provider?	Yes	No	Please list:
22. Are you receiving Trueblood services or working with a forensic navigator? (FPATH HARPS)	Yes	No	
23. Have you completed a Coordinated Entry Assessment with SNAP or Catholic Charities?	Yes	No	
24. Do you need ADA compliant housing?	Yes	No	Do you need to be on the 1st floor?
25. Do you have immediate medical needs?	Yes	No	Please list:
26. Are you a veteran?	Yes	No	
27. Do you have a criminal history?	Yes	No	Please list:
28. Have you been convicted of a sex offense?	Yes	No	Please list:
29. Do you have income?	Yes	No	Please list:

